The Company
UNITED STATES
SECURITIES AND EXCHANGE
COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 1108487

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response. . 1

SEC USE ONLY

Serial

<u>THOMSON</u>

D

E

☐ Estimated



| ##   | UNIFORM LIMITED OFFERING   | DATE RECEIVED   |  |
|--|--|---|--|
| 03017436   | 3017436 <b>EXEMPTION</b>   |   |  |
|  |  |   |  |
| Name of Offering ( check if this is an ame<br>Init Offering  | endment and name has changed, and indicate change                    | 2)  |  |
| Filing Under (Check box(es) that apply):   | ☐ Rule 504 ☐ Rule 505 ☐ Rule   |   |  |
| Type of Filing: 🔲 New Filing 🔲 Ar  | nendment   | BARAN BANO.   |  |
|  | A. BASIC IDENTIFICATION DATA   |   |  |
| . Enter the information requested about the i  | ssuer  | 7.58 - 7.7869   |  |
| Name of Issuer ( check if this is an amount of the control of the check if this is an amount of the check if the c | endment and name has changed, and indicate change                    | 1000  |  |
| Address of Executive Offices One West Elm Street, Suite 400  | (Number and Street, City, State, Zip Code)<br>Conshohocken, PA 19428 | Telephone Number (Including Area Code) (610) 832-3300 |  |
| Address of Principal Business Operations if different from Executive Offices)  | (Number and Street, City, State, Zip Code)<br>N/A                    | Telephone Number (Including Area Code) N/A            |  |
| Brief Description of Business  | See Preamble hereto.   | PROCESSEL   |  |
| Type of Business Organization  | ☐ limited partnership, already formed                                | Other (please specify) MAR 1 9 2003                   |  |

#### GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

CN for Canada; FN for other foreign jurisdiction)

business trust

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

Year

limited partnership, to be formed

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99)

## Operating Company UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. . 1

# JOINT FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY  |  |  |  |  |  |
|---------------|--|--|--|--|--|
| Serial        |  |  |  |  |  |
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| •  |  |   | L                          |                    |
|--|--|---|----------------------------|--------------------|
| Name of Offering ( check if this is an amendatunit Offering  | ment and name has changed, a                             | nd indicate change)                                   |                            | -                  |
| Filing Under (Check box(es) that apply):   | Rule 504 Rule 5  | 05 🛛 Rule 5   | 06 Section 4(6)            | ) ULOE             |
| Type of Filing: New Filing Amen  | dment  |   |                            |                    |
|  | A. BASIC IDENTIFICA                                      | ATION DATA  |                            |                    |
| 2. Enter the information requested about the issue   | er   |   |                            |                    |
| Name of Issuer ( check if this is an amendal UBIQUITEL OPERATING COMPANY   | ment and name has changed, a                             | nd indicate change.)                                  |                            |                    |
| Address of Executive Offices One West Elm Street, Suite 400  | ate, Zip Code)   | Telephone Number (Including Area Code) (610) 832-3300 |                            |                    |
| Address of Principal Business Operations (if different from Executive Offices)   | (Number and Street, City, St<br>N/A                      | ate, Zip Code)  | Telephone Number (Inc. N/A | cluding Area Code) |
| Brief Description of Business  | See Preamble h   | ereto.  | ·                          |                    |
| Type of Business Organization  |  |   |                            |                    |
| □ corporation     □ business trust   | ☐ limited partnership, alrea☐ limited partnership, to be | •   | other (please specify      | y):                |
| Actual or Estimated Date of Incorporation or Org<br>Jurisdiction of Incorporation or Organization: (E<br>CN for Canada; FN for other foreign jurisdiction) | nter two-letter U.S. Postal Ser                          |   | ☑ Actual ☐ Esti            | mated D E          |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

# VIA Holding UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005

Estimated average burden

hours per response. . 1

#### JOINT FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY  |               |  |  |  |  |  |  |
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|               | DATE RECEIVED |  |  |  |  |  |  |

| Name of Offering ( check if this is an ame<br>Unit Offering  | ndment and name has c  | hanged, and indi           | cate change)  |   |                  |            |     |
|--|--|----------------------------|---------------|---|------------------|------------|-----|
| Filing Under (Check box(es) that apply):   | ☐ Rule 504   | Rule 505                   | ⊠ Rule 50     | )6 🔲 S  | Section 4(6)     | ULOE       |     |
| Type of Filing: New Filing An  | nendment   |                            |               |   |                  |            |     |
|  | A. BASIC IDE   | NTIFICATION                | DATA          |   |                  |            |     |
| 2. Enter the information requested about the is  | ssuer  |                            |               |   |                  |            |     |
| Name of Issuer (☐ check if this is an ame<br>VIA Holding Inc.  | ndment and name has c  | hanged, and indi           | cate change.) |   |                  |            |     |
| Address of Executive Offices One West Elm Street, Suite 400  | (Number and Street, City, State, Zip Code)<br>Conshohocken, PA 19428 |                            |               | Telephone Number (Including Area Code) (610) 832-3300 |                  |            |     |
| Address of Principal Business Operations<br>6781 North Palm  | (Number and Street, City, State, Zip Code)<br>Fresno, CA 93704       |                            |               | Telephone N   | Number (Includir | ng Area Co | de) |
| Brief Description of Business  | 6. 5   | .1.1. 1                    |               |   |                  |            |     |
| The state of the s | See Pi   | reamble hereto.            |               |   |                  |            |     |
| Type of Business Organization  ☐ corporation ☐ business trust  | ☐ limited partners☐ limited partners                                 | • •                        |               | other (pl   | ease specify):   |            |     |
| Actual or Estimated Date of Incorporation or Gurisdiction of Incorporation or Organization: CN for Canada: FN for other foreign jurisdictions  | (Enter two-letter U.S. I   | Month 04 Postal Service ab |               | Actual State:   | ☐ Estimated      | C          | A   |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

## VIA Wireless UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response. . 1

JOINT FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING
EXEMPTION

| SEC US        | SEC USE ONLY  |  |  |  |  |  |  |
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| ment and name has changed, and indica                                       | ate change)   |  |
|---|---|--|
| ☐ Rule 504 ☐ Rule 505   | ☐ Rule 506 ☐ Section 4(6) ☐ ULOE  |  |
| ndment  |   |  |
| A. BASIC IDENTIFICATION   | DATA  |  |
| er .  |   |  |
| ment and name has changed, and indica                                       | ate change.)  |  |
| (Number and Street, City, State, Zip Conshohocken, PA 19428                 | Code) Telephone Number (Including Area Code) (610) 832-3300   |  |
| of Principal Business Operations (Number and Street, City, State, Zip Code) |   |  |
|   |   |  |
| See Preamble hereto.  |   |  |
|   |   |  |
| limited partnership, already forme  | ed  |  |
| ☐ limited partnership, to be formed *limited liability company              |   |  |
| ganization: 04 9<br>Enter two-letter U.S. Postal Service abb                |   |  |
|   | Rule 504 Rule 505 adment  A. BASIC IDENTIFICATION er ment and name has changed, and indic (Number and Street, City, State, Zip Conshohocken, PA 19428 (Number and Street, City, State, Zip Fresno, CA 93704  See Preamble hereto.  I limited partnership, already formed I limited partnership, to be formed  Month ganization:  04 9 |  |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

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#### **ATTENTION**

# VIA Building UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response. . 1

JOINT FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING
EXEMPTION

| SEC USE ONLY  |  |  |  |  |  |  |
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| DATE RECEIVED |  |  |  |  |  |  |
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| Name of Offering ( check if this is an amend Unit Offering   | lment and name has changed, a   | nd indicate change)  |   |      |                    |  |
|--|---|----------------------|---|------|--------------------|--|
| Filing Under (Check box(es) that apply):   | Rule 504 Rule :   | 505 ⊠ Rule 506       | Section 4(6)  | ULOE |                    |  |
| Type of Filing: New Filing Ame   | ndment  |                      |   |      |                    |  |
|  | A. BASIC IDENTIFIC  | ATION DATA           |   |      |                    |  |
| 2. Enter the information requested about the issu  | ıer   |                      |   |      |                    |  |
| Name of Issuer ( check if this is an amend VIA Building, LLC   | lment and name has changed, a   | nd indicate change.) | ,   |      |                    |  |
| Address of Executive Offices (Number and Street, City, State, Zip One West Elm Street, Suite 400 Conshohocken, PA 19428                          |   |                      | Telephone Number (Including Area Code) (610) 832-3300 |      |                    |  |
| Address of Principal Business Operations<br>6781 North Palm  | ns (Number and Street, City, State, Zip Code) Telephone Number (Inc. Fresno, CA 93704 |                      |   |      | cluding Area Code) |  |
| Brief Description of Business  | See Preamble h  | ereto                |   |      |                    |  |
| Type of Business Organization  | Sec 1 realitate 1   | ici cto.             |   |      |                    |  |
| ☐ corporation ☐ limited partnership, already formed ☐ other (please s ☐ business trust ☐ limited partnership, to be formed                       |   |                      |   |      |                    |  |
| Actual or Estimated Date of Incorporation or Or Jurisdiction of Incorporation or Organization: (CN for Canada; FN for other foreign jurisdiction | Enter two-letter U.S. Postal Ser  | ·                    | Actual Estimate                                       | d N  | v                  |  |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: FIVE (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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**ATTENTION** 

#### The Company

#### A. BASIC IDENTIFICATION DATA

- 3. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officers and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Check Box(es) that Apply:      | ☐ Promoter           | ☐ Beneficial Owner                | ☑ Executive Officer | □ Director | General and/or<br>Managing Partner   |
|--------------------------------|----------------------|-----------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if | individual)          |                                   |                     |            |                                      |
| Harris, Donald A.              |                      |                                   |                     |            |                                      |
| Business or Residence Addres   | s (Number and Street | , City, State, Zip Code)          |                     |            |                                      |
| One West Elm Street, Suite     | 100, Conshohocken,   | PA 19428                          |                     |            |                                      |
| Check Box(es) that Apply:      | Promoter             | ☐ Beneficial Owner                | ☑ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if | individual)          |                                   |                     |            |                                      |
| Russell, Dean E.               |                      |                                   |                     |            |                                      |
| Business or Residence Address  | s (Number and Street | , City, State, Zip Code)          |                     |            |                                      |
| One West Elm Street, Suite     | 100, Conshohocken,   | PA 19428                          |                     |            |                                      |
| Check Box(es) that Apply:      | Promoter             | ☐ Beneficial Owner                | ☑ Executive Officer | Director   | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if | individual)          |                                   |                     |            |                                      |
| Volk, James J.                 |                      |                                   |                     |            |                                      |
| Business or Residence Addres   | s (Number and Street | , City, State, Zip Code)          |                     |            |                                      |
| One West Elm Street, Suite     | 100, Conshohocken,   |                                   |                     |            |                                      |
| Check Box(es) that Apply:      | ☐ Promoter           | ☐ Beneficial Owner                | ☑ Executive Officer | ☐ Director | General and/or Managing Partner      |
| Full Name (Last name first, if | individual)          |                                   |                     |            |                                      |
| Knese, Patricia E.             |                      |                                   |                     |            |                                      |
| Business or Residence Address  | s (Number and Street | , City, State, Zip Code)          |                     |            |                                      |
| One West Elm Street, Suite     | 100, Conshohocken,   | PA 19428                          |                     |            |                                      |
| Check Box(es) that Apply:      | Promoter             | ☐ Beneficial Owner                | ☐ Executive Officer | ☑ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if | individual)          |                                   |                     |            |                                      |
| Toll, Bruce E.                 |                      |                                   |                     |            |                                      |
| Business or Residence Addres   | s (Number and Street | , City, State, Zip Code)          |                     |            |                                      |
| 3103 Philmont Avenue, Hun      | tingdon, PA 19006    |                                   |                     | <u> </u>   | ·                                    |
| Check Box(es) that Apply:      | ☐ Promoter           | ☐ Beneficial Owner                | ☐ Executive Officer | ☑ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if | individual)          |                                   |                     |            |                                      |
| Lucas, Peter                   |                      | ,                                 |                     |            |                                      |
| Business or Residence Addres   | s (Number and Street | , City, State, Zip Code)          |                     |            |                                      |
| c/o CBT Wireless Investmen     | ts, L.L.C., 1733 H S | treet, #330-141, Blaine, WA 98230 |                     |            |                                      |
| Check Box(es) that Apply:      | ☐ Promoter           | ☐ Beneficial Owner                | ☐ Executive Officer | ☑ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if | individual)          |                                   |                     |            |                                      |
| Walter, Joseph N.              |                      |                                   |                     |            |                                      |

•

The Company

| •   |                      | A. BASIC IDENTI                 | IFICATION DATA      |              |                                 |
|---|----------------------|---------------------------------|---------------------|--------------|---------------------------------|
| 516 36th Avenue East, Seattle                   | , WA 98122           |                                 |                     |              |                                 |
| Check Box(es) that Apply:                       | ☐ Promoter           | Beneficial Owner                | ☐ Executive Officer | ☑ Director   | General and/or Managing Partner |
| Full Name (Last name first, if Trkla, Eve M.    | individual)          |                                 |                     |              |                                 |
| Business or Residence Addres                    | S (Number and Street | City State Zin Code)            |                     | <del> </del> |                                 |
| 55 Tozer Road, Beverly, MA                      |                      | , only, banks, sup code)        |                     |              |                                 |
| Check Box(es) that Apply:                       | Promoter             | ☐ Beneficial Owner              | ☐ Executive Officer | ☑ Director   | General and/or Managing Partner |
| Full Name (Last name first, if Boos, Matthew J. | individual)          |                                 |                     |              |                                 |
| Business or Residence Address                   | Mumber and Street    | City State 7in Code)            |                     |              |                                 |
| ·   | •                    | 01, P.O. Box 21, O'Neals, CA 9  | 13645               |              |                                 |
| Check Box(es) that Apply:                       | Promoter             | ☐ Beneficial Owner              | ☐ Executive Officer | □ Director   | General and/or Managing Partner |
| Full Name (Last name first, if                  | individual)          |                                 |                     |              | <del></del>                     |
| Berlacher, Robert A.                            |                      |                                 |                     |              |                                 |
| Business or Residence Addres                    | s (Number and Stree  | , City, State, Zip Code)        |                     |              |                                 |
| c/o Lancaster Investment Pa                     | rtners, L.P., 1150 F | irst Avenue, Suite 600, King of | Prussia, PA 19406   |              |                                 |
| Check Box(es) that Apply:                       | ☐ Promoter           | ☐ Beneficial Owner              | ☐ Executive Officer | □ Director   | General and/or Managing Partner |
| Full Name (Last name first, if Blake, James E.  | individual)          |                                 |                     |              |                                 |
| Business or Residence Addres                    | S (Number and Street | City State Zin Code)            |                     |              |                                 |
| 65 Baynard Park Road, Hilt                      |                      | •                               |                     |              |                                 |
| Check Box(es) that Apply:                       | Promoter             | ☐ Beneficial Owner              | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner |
| Full Name (Last name first, if                  | individual)          |                                 |                     |              |                                 |
| Business or Residence Addres                    | s (Number and Stree  | t, City, State, Zip Code)       |                     |              |                                 |
| Check Box(es) that Apply:                       | ☐ Promoter           | ☐ Beneficial Owner              | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner |
| Full Name (Last name first, if                  | individual)          |                                 |                     |              |                                 |
| Business or Residence Addres                    | s (Number and Stree  | t, City, State, Zip Code)       |                     |              |                                 |
| Check Box(es) that Apply:                       | ☐ Promoter           | ☐ Beneficial Owner              | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner |
| Full Name (Last name first, if                  | individual)          |                                 | ,                   |              |                                 |
| Business or Residence Addres                    | s (Number and Stree  | t, City, State, Zip Code)       |                     |              |                                 |
| Check Box(es) that Apply:                       | Promoter             | ☐ Beneficial Owner              | ☐ Executive Officer | ☐ Director   | General and/or Managing Partner |
| Full Name (Last name first, if                  | individual)          |                                 |                     |              |                                 |
| Business or Residence Addres                    | s (Number and Stree  | t, City, State, Zip Code)       |                     |              |                                 |

#### **Operating Company**

|                                |                      | A. BASIC IDENT            | IFICATION DATA      |            |                                 |
|--------------------------------|----------------------|---------------------------|---------------------|------------|---------------------------------|
| Check Box(es) that Apply:      | ☐ Promoter           | ☐ Beneficial Owner        |                     | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)          |                           |                     |            |                                 |
| Harris, Donald A.              |                      |                           |                     |            |                                 |
| Business or Residence Addres   | s (Number and Stree  | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,   | PA 19428                  |                     |            |                                 |
| Check Box(es) that Apply:      | Promoter             | ☐ Beneficial Owner        |                     | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)          |                           |                     |            |                                 |
| Russell, Dean E.               |                      |                           |                     |            |                                 |
| Business or Residence Addres   | s (Number and Stree  | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,   | PA 19428                  |                     |            | •                               |
| Check Box(es) that Apply:      | Promoter             | ☐ Beneficial Owner        | ☑ Executive Officer | Director   | General and/or Managing Partner |
| Full Name (Last name first, if | individual)          |                           |                     |            |                                 |
| Volk, James J.                 |                      |                           |                     |            |                                 |
| Business or Residence Addres   | s (Number and Stree  | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,   | PA 19428                  |                     |            |                                 |
| Check Box(es) that Apply:      | Promoter             | ☐ Beneficial Owner        | ☑ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)          |                           |                     |            |                                 |
| Knese, Patricia E.             |                      |                           |                     |            |                                 |
| Business or Residence Addres   | s (Number and Stree  | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,   | PA 19428                  |                     |            |                                 |
| Check Box(es) that Apply:      | Promoter             | ☐ Beneficial Owner        | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)          |                           |                     |            |                                 |
| Business or Residence Address  | ss (Number and Stree | t, City, State, Zip Code) |                     |            |                                 |
|                                |                      |                           |                     |            |                                 |
|                                |                      |                           |                     |            |                                 |

#### **VIA Holding**

|                                |                       | A. BASIC IDENT            | IFICATION DATA      |            |                                 |
|--------------------------------|-----------------------|---------------------------|---------------------|------------|---------------------------------|
| Check Box(es) that Apply:      | Promoter              | ☐ Beneficial Owner        |                     | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)           |                           |                     |            |                                 |
| Harris, Donald A.              |                       |                           |                     |            |                                 |
| Business or Residence Addres   | ss (Number and Street | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,    | PA 19428                  |                     |            |                                 |
| Check Box(es) that Apply:      | Promoter              | ☐ Beneficial Owner        |                     | Director   | General and/or Managing Partner |
| Full Name (Last name first, if | individual) °         |                           |                     |            |                                 |
| Russell, Dean E.               |                       |                           |                     |            | -                               |
| Business or Residence Addres   | s (Number and Street  | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,    | PA 19428                  |                     |            |                                 |
| Check Box(es) that Apply:      | ☐ Promoter            | ☐ Beneficial Owner        |                     | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)           |                           |                     |            |                                 |
| Volk, James J.                 |                       |                           |                     |            |                                 |
| Business or Residence Addres   | s (Number and Street  | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,    | PA 19428                  |                     |            |                                 |
| Check Box(es) that Apply:      | Promoter              | ☐ Beneficial Owner        | ☑ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)           |                           |                     |            |                                 |
| Knese, Patricia E.             | ·                     |                           |                     |            |                                 |
| Business or Residence Addres   | ss (Number and Street | t, City, State, Zip Code) |                     |            |                                 |
| One West Elm Street, Suite     | 400, Conshohocken,    | PA 19428                  |                     |            |                                 |
| Check Box(es) that Apply:      | Promoter              | ☐ Beneficial Owner        | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual)           |                           |                     |            |                                 |
| Business or Residence Address  | ss (Number and Street | t, City, State, Zip Code) |                     |            |                                 |
|                                |                       |                           |                     |            |                                 |
| <del></del>                    |                       |                           |                     |            | <del></del>                     |

#### **VIA** Wireless

|   | •                     | A. BASIC IDENT            | IFICATION DATA      | <del></del> |                                 |
|---|-----------------------|---------------------------|---------------------|-------------|---------------------------------|
| Check Box(es) that Apply:                         | ☐ Promoter            | ☐ Beneficial Owner        |                     | ☑ Director  | General and/or Managing Partner |
| Full Name (Last name first, if                    | individual)           |                           |                     |             |                                 |
| Harris, Donald A.                                 |                       |                           |                     |             |                                 |
| Business or Residence Addres                      | ss (Number and Street | t, City, State, Zip Code) |                     |             |                                 |
| One West Elm Street, Suite                        | 400, Conshohocken,    | PA 19428                  |                     |             |                                 |
| Check Box(es) that Apply:                         | Promoter              | ☐ Beneficial Owner        | ☑ Executive Officer | Director    | General and/or Managing Partner |
| Full Name (Last name first, if                    | individual)           |                           |                     |             |                                 |
| Russell, Dean E.                                  |                       |                           |                     |             |                                 |
| Business or Residence Addres                      | ss (Number and Stree  | t, City, State, Zip Code) |                     |             |                                 |
| One West Elm Street, Suite                        | 400, Conshohocken,    | PA 19428                  |                     |             |                                 |
| Check Box(es) that Apply:                         | Promoter              | ☐ Beneficial Owner        |                     | ☐ Director  | General and/or Managing Partner |
| Full Name (Last name first, if                    | individual)           |                           |                     |             |                                 |
| Volk, James J.                                    |                       |                           |                     |             |                                 |
| Business or Residence Address                     | ss (Number and Street | t, City, State, Zip Code) |                     |             |                                 |
| One West Elm Street, Suite                        | 400, Conshohocken,    | PA 19428                  |                     |             |                                 |
| Check Box(es) that Apply:                         | Promoter              | ☐ Beneficial Owner        |                     | ☐ Director  | General and/or Managing Partner |
| Full Name (Last name first, if Knese, Patricia E. | individual)           |                           |                     |             |                                 |
| Business or Residence Addres                      | ss (Number and Stree  | t, City, State, Zip Code) |                     |             |                                 |
| One West Elm Street, Suite                        | 400, Conshohocken,    | PA 19428                  |                     |             | ·                               |
| Check Box(es) that Apply:                         | Promoter              | ☐ Beneficial Owner        | ☐ Executive Officer | ☐ Director  | General and/or Managing Partner |
| Full Name (Last name first, if                    | findividual)          |                           |                     |             |                                 |
| Business or Residence Addres                      | ss (Number and Stree  | t, City, State, Zip Code) |                     |             |                                 |
|   |                       |                           |                     |             |                                 |
| <del></del>                                       |                       |                           |                     |             |                                 |

#### **VIA Building**

|  |                      | A. BASIC IDENT            | IFICATION DATA      |   | <br>                                   |
|--|----------------------|---------------------------|---------------------|---|--|
| Check Box(es) that Apply:                                | Promoter             | ☐ Beneficial Owner        |                     | □ Director                              | General and/or<br>Managing Partner     |
| Full Name (Last name first, if                           | individual)          |                           |                     |   |  |
| Harris, Donald A.  |                      |                           |                     |   |  |
| Business or Residence Addres                             | s (Number and Street | t, City, State, Zip Code) | ;                   |   |  |
| One West Elm Street, Suite                               | 400, Conshohocken,   | PA 19428                  |                     |   |  |
| Check Box(es) that Apply:                                | ☐ Promoter           | ☐ Beneficial Owner        |                     | Director                                | General and/or<br>Managing Partner     |
| Full Name (Last name first, if                           | individual)          |                           | ,                   |   |  |
| Russell, Dean E.   |                      |                           |                     |   | <br><u>.</u>                           |
| Business or Residence Addres                             | s (Number and Stree  | t, City, State, Zip Code) |                     | , |  |
| One West Elm Street, Suite                               | 400, Conshohocken,   | PA 19428                  |                     |   |  |
| Check Box(es) that Apply:                                | Promoter             | ☐ Beneficial Owner        |                     | ☐ Director                              | <br>General and/or<br>Managing Partner |
| Full Name (Last name first, if                           | individual)          |                           |                     |   |  |
| Volk, James J.   |                      |                           |                     |   |  |
| Business or Residence Addres                             | s (Number and Stree  | t, City, State, Zip Code) |                     |   |  |
| One West Elm Street, Suite                               | 400, Conshohocken,   | PA 19428                  |                     |   |  |
| Check Box(es) that Apply:                                | Promoter             | Beneficial Owner          |                     | ☐ Director                              | <br>General and/or<br>Managing Partner |
| Full Name (Last name first, if                           | individual)          |                           |                     |   |  |
| Knese, Patricia E.                                       |                      |                           |                     |   |  |
| Business or Residence Address One West Elm Street, Suite | ·                    |                           |                     |   |  |
| Check Box(es) that Apply:                                | Promoter             | ☐ Beneficial Owner        | ☐ Executive Officer | Director                                | General and/or<br>Managing Partner     |
| Full Name (Last name first, if                           | individual)          |                           |                     |   | <br>                                   |
| Business or Residence Address                            | ss (Number and Stree | t, City, State, Zip Code) |                     |   |  |
| ·  |                      | ·                         |                     |   | <br>                                   |
|  |                      |                           |                     |   |  |

#### **Operating Company and the Guarantors** B. INFORMATION ABOUT OFFERING No Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?.... 3. Does the offering permit joint ownership of a single unit?..... Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) States [ AL ] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ HI ] [ ID ] [ KS ] [ IL ] [ IN ] [ IA ] [ KY ] [ LA ] [ ME ] [ MD ] [ MA ] [ MN ] [ MI ] [ MS ] [ MO ] [ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [NY] [ NC ] [ ND ] [ OH ] [ OK ] [ OR ] [ PA ] [ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA] [ WV ] [ WI ] [ WY ] [ PR ] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)... States [ AL ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ ID ] [ AK ] [ HI ] [ IL ] [ IN ] [ KS ] [ LA ] [ ME ] [ IA ] [ KY ] [ MD] [ MA ] [ MI ] [ MN ] [ MS ] [ MO ] [ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OH ] [ OK ] [ OR ] [ PA ] [ PR ] [ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA] [ WV ] [ WI ] [ WY ] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) States [ AL ] [ AK ] [ CO ] [ CT ] [ DC ] [ GA ] [ ID ] [ AZ ] [ AR ] [ CA ] [ DE ] [ FL ] [ HI ] IL ] [ IN ] [ KS ] [ KY ] [ LA ] [ ME ] [ MN] [ MO ] IA ] [ MD ] [ MA ] [ MI ] [ MS ] [ NE ] [ NY ] [ NC ] [ ND ] [ MT ] [ NV ] [ NH ] [ NJ ] [ NM ] [ OH ] [ OK ] [ OR ] [ PA ] [ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA ] [ WV ] [ WI ] [ WY ] [ PR ]

#### Operating Company and the Guarantors

|    | Of OTT DATE OF THE DESCRIPTION O | TINOCEEDS                   |  |
|----|--|-----------------------------|--|
| 4. | Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |  |
|    | Type of Security   | Aggregate<br>Offering Price | *Amount Already<br>Sold                    |
|    | Debt (Notes and Guarantees)  | \$ <u>11,250,000 (1)</u>    | \$ <u>9,636,000 (1)</u>                    |
|    | Equity   | \$                          | \$   |
|    | ☐ Common ☐ Preferred   |                             |  |
|    | Convertible Securities (Warrants)  | \$ <u>11,250,000 (1)</u>    | \$ <u>9,636,000 (1)</u>                    |
|    | Partnership Interests  | \$                          | \$   |
|    | Other (Specify)  | \$                          | \$   |
|    | Total  | \$                          | \$ -0-                                     |
|    | *Indicates final amount sold as of the closing date, February 26, 2003.  | ¥ <u></u>                   | <u> </u>                                   |
|    | (1) For the Units consisting of the Notes, Guarantees and Warrants as described in the Preamble to this Joint Form D.  |                             |  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |  |
| 5. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."   |                             |  |
|    |  | Number Investors            | Aggregate Dollar<br>Amount of<br>Purchases |
|    | Accredited Investors   | 12                          | \$9,636,000                                |
|    | Accounted investors  |                             | \$ <u>2,030,000</u>                        |
|    | Non-accredited Investors   | -0-                         | -0-  |
|    | Total (for filings under Rule 504 only)  | N/A                         | N/A  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |  |
| 6. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   |                             |  |
|    |  |                             |  |
|    | Type of offering   | Type of<br>Security         | Dollar Amount<br>Sold                      |
|    | Type of offering  Rule 505   | Security                    |  |
|    |  | Security                    |  |
|    | Rule 505   | Security                    |  |

|   | Total   | <br>\$            |
|---|---|-------------------|
| • | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                   |
|   | Transfer Agent's Fees   | \$                |
|   | Printing and Engraving Costs  | \$                |
|   | Legal Fees  | \$ <u>150,000</u> |
|   | Accounting Fees   | \$                |
|   | Engineering Fees  | \$                |
|   | Sales Commissions (specify finders' fees separately)  | \$                |
|   | Other Expenses (identify) "Blue sky" filing fees and registration expenses to be incurred in connection with registering for resale the shares of common stock underlying the warrants.   | \$ <u>20,000</u>  |
| • | Total   | \$ <u>170,000</u> |

**Operating Company and the Guarantors** 

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O  | F PROCEEDS  |                              |
|----|---|---|------------------------------|
|    | b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  |   | \$9,466,000                  |
| 3. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |   |                              |
|    |   | Payments to<br>Officers,<br>Directors &<br>Affiliates | Payments To<br>Others        |
|    | Salaries and fees   | □ \$ <u>-0-</u>                                       | S -0-                        |
|    | Purchase of real estate   | S0-   | □ \$ <u>-</u> 0-             |
|    | Purchase, rental or leasing and installation of machinery and equipment   | □ \$ <u>-0-</u>                                       | S -0-                        |
|    | Construction or leasing of plant buildings and facilities   | S0-   | \$ <u>-0-</u>                |
|    | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  | S -0-   | □ \$ <u>-0-</u>              |
|    | Repayment of indebtedness*  | <b>∑</b> \$3,253,666                                  | <b>⋈</b> \$ <u>6,212,334</u> |
|    | *To fund the cash portion of the exchange offer as described in the Preamble to this Joint Form D.  Working capital   |   | □ \$ <u>-0-</u>              |
|    | Other(specify):   |   |                              |
|    |   | □ \$ <u>-0-</u>                                       | ☐ \$ <u>-0-</u>              |
|    | Column Totals   | <b>⋈</b> \$ <u>3,253,666</u>                          | <b>⋈</b> \$ <u>6,212,334</u> |
|    | Total Payments Listed (column totals added)   | <b>⋈ \$.9.</b> 4                                      | 166,000                      |

#### Operating Company and the Guarantors

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Date UBIQUITEL INC. March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) James J. Volk Chief Financial Officer Issuer (Print or Type) Signature Date UBIQUITEL OPERATING COMPANY March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer James J. Volk Issuer (Print or Type) Date Signature VIA HOLDING INC. March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer James J. Volk Issuer (Print or Type) Date Signature VIA WIRELESS LLC March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) Chief Financial Officer James J. Volk Issuer (Print or Type) Date Signature VIA BUILDING, LLC March 10, 2003 Name of Signer (Print or Type) Title of Signer (Print or Type) James J. Volk Chief Financial Officer

#### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

### Operating Company and the Guarantors E. STATE SIGNATURE

Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?.....

s No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)         | Signature                       | Date   |
|--------------------------------|---------------------------------|--|
| UBIQUITEL INC.                 | 100                             | March 10, 2003   |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |  |
| James J. Volk                  | Chief Financial Officer         | e de la companya de<br>La companya de la co  |
| Issuer (Print or Type)         | Signature 1                     | Date   |
| UBIQUITEL OPERATING COMPANY    | J Coll                          | March 10, 2003   |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |  |
| James J. Volk                  | Chief Financial Officer         | North Commission of the Commis |
| Issuer (Print or Type)         | Signature                       | Date   |
| VIA HOLDING INC.               | den                             | March 10, 2003   |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |  |
| James J. Volk                  | Chief Financial Officer         |  |
| Issuer (Print or Type)         | Signature                       | Date   |
| VIA WIRELESS LLC               | J. Oll                          | March 10, 2003   |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |  |
| James J. Volk                  | Chief Financial Officer         |  |
| Issuer (Print or Type)         | Signature / ///                 | Date   |
| VIA BUILDING, LLC              | 1 dasa                          | March 10, 2003   |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |  |
| James J. Volk                  | Chief Financial Officer         |  |

2 3 4 5 Disqualification under State ULOE (if yes, Intend to sell to attach explanation of Type of security and non-accredited waiver granted) Type of investor and investors in aggregate offering (Part E-Item 1) price offered in state State amount purchased n State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Non-Accredited Investors **Accredited Investors** State Yes No Amount Amount Yes No AL X -0-\$ -0--0-\$ -0-X AK X -0-\$ -0--0-\$ -0- $\mathbf{X}$ ΑZ  $\mathbf{X}$ -0-\$  $\mathbf{X}$ -0-\$ -0--0-AR -0-\$ -0-Х -0-\$ -0-Х CA \$1,766,452 of Units X 2 \$1,766,452 \$  $\mathbf{X}$ -0--0consisting of Notes, Guarantees and Warrants CO Х -0--0--0-\$ -0-\$ X CTX -0-\$ -0--0-\$ -0- $\mathbf{X}$ DE X -0--0--0-\$ -0- $\mathbf{X}$ \$ DC X -0-\$ -0--0-\$ -0-X FL -0--0--0-\$ -0-X Х \$ GΑ Х \$494,607 of Units \$ 1 \$494,607 -0--0- $\mathbf{X}$ consisting of Notes, Guarantees and Warrants Ш \$ Х \$ -0--0--0-Х -0-ID \$ X -0-\$ -0--0--0-X ILX -0-\$ -0--0-\$ -0-X IN X \$ -0-\$ -0--0--0-X IA X \$ -0--0-\$ -0-Х -0-

| 1         |                   | 2  | 3  |                                      |   | 4 .                                    |        |     | 5  |
|-----------|-------------------|--|--|--------------------------------------|---|--|--------|-----|--|
|           | non-acc<br>invest | to sell to<br>credited<br>tors in<br>ate<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and<br>amount purchased n State<br>(Part C-Item 2) |  |        |     | eation under<br>OE (if yes,<br>lanation of<br>granted)<br>-Item 1) |
| State     | Yes               | No   |  | Number of<br>Accredited<br>Investors | Amount  | Number of Non-<br>Accredited Investors | Amount | Yes | No   |
| KS        |                   | Х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | X  |
| KY        |                   | Х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| LA        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| МА        |                   | Х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | Х  |
| MD        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| мі        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| MN        |                   | X.   |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| MS        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| мо        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | x  |
| МТ        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| NE        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | Х  |
| NV        |                   | X  | ·  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | x  |
| NH        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| NJ        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| NM        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | х  |
| NY        |                   | х  | \$1766,453 of Units<br>consisting of Notes,<br>Guarantees and<br>Warrants      | 1                                    | \$1,766,453   | -0-                                    | \$ -0- | ·   | х  |
| NC        |                   | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |     | X  |
| <u>L.</u> |                   | <u></u>  |  |                                      | <u> </u>  |  |        |     |  |

| 1     |                       | 2  | 3  | 4                                    |   | 5                                      |        |                                  |  |
|-------|-----------------------|--|--|--------------------------------------|---|--|--------|----------------------------------|--|
|       | non-ac<br>inves<br>St | to sell to<br>credited<br>tors in<br>ate<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) (Part C-Item 2) |                                      | Type of investor and<br>amount purchased n State<br>(Part C-Item 2) |  |        | State UL<br>attach exp<br>waiver | cation under OE (if yes, lanation of granted) -Item 1) |
| State | Yes                   | No   |  | Number of<br>Accredited<br>Investors | Amount  | Number of Non-<br>Accredited Investors | Amount | Yes                              | No   |
| ND    |                       | X  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | X  |
| ОН    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| OK    |                       | Х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| OR    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| PA    |                       | х  | \$4,946,068 of Units<br>consisting of Notes,<br>Guarantees and<br>Warrants                     | 6                                    | \$4,946,068   | -0-                                    | \$ -0- |                                  | х  |
| RI    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| sc    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| SD    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| TN    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| TX    |                       | . X  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| UT    |                       | x  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | x  |
| VT    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| VA    |                       | x  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| WA    |                       | x  | \$662,420 of Units<br>consisting of Notes,<br>Guarantees and<br>Warrants                       | 2                                    | \$662,420   | -0-                                    | \$ -0- |                                  | х  |
| wv    |                       | Х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| wı    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | х  |
| WY    |                       | х  |  | -0-                                  | \$ -0-  | -0-                                    | \$ -0- |                                  | x  |

| CONTROL STATE OF | ******* | ****** | ****       | ***** | 12002000 |
|------------------|---------|--------|------------|-------|----------|
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| 1     |                       | 2  | · 3  |                                      |        | 4                                      |        |     | 5  |
|-------|-----------------------|--|--|--------------------------------------|--------|--|--------|-----|----|
|       | non-ac<br>inves<br>St | to sell to<br>credited<br>tors in<br>ate<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and                 |        | amount purchased n State               |        |     |    |
| State | Yes                   | No   |  | Number of<br>Accredited<br>Investors | Amount | Number of Non-<br>Accredited Investors | Amount | Yes | No |
| PR    |                       | х  |  | -0-                                  | \$ -0- | -0-                                    | \$ -0- |     | х  |

\\MIA-SRV01\1449830v05



This Preamble to the attached Joint Form D of UbiquiTel Inc., a Delaware corporation (the "Company"), the Company's wholly-owned subsidiary UbiquiTel Operating Company, a Delaware corporation ("Operating Company"), and Operating Company's wholly-owned subsidiaries VIA Holding Inc., a California corporation ("VIA Holding"), VIA Wireless LLC, a California limited liability company ("VIA Wireless"), and VIA Building, LLC, a Nevada limited liability company ("VIA Building" and together with the Company, VIA Holding and VIA Wireless, the "Guarantors"), is hereby made a part of such Joint Form D as if fully set forth therein. The Company, through its management agreement between Operating Company and Sprint PCS, is the exclusive provider of Sprint PCS digital wireless personal communications services to markets in the western and midwestern United States. The Company and Operating Company and the other Guarantors are filing this Joint Form D in connection with a February 26, 2003 private placement of Units consisting of \$12,848,000 aggregate principal amount of Operating Company's Series B Senior Discount Notes due 2008 (the "Notes") and the Guarantors' guarantees thereof (the "Guarantees") and an aggregate of 9,636,000 detachable warrants of the Company (the "Warrants") to purchase up to 9,636,000 shares of the Company's common stock. The net proceeds from the private placement were used to fund the cash portion of Operating Company's and the Guarantors' concurrent private placement exchange offer of \$48,200,000 aggregate principal amount of Operating Company's new 14% Senior Discount Notes due 2010 and the Guarantors' guarantees thereof and \$9,636,000 in cash for \$192,700,000 aggregate principal amount of Operating Company's existing 14% Senior Subordinated Discount Notes due 2010 and the Guarantors' guarantees thereof.

The Company, Operating Company and the Guarantors have completed the attached Joint Form D on a joint basis, except for Part A thereof which they have completed on an individual basis, as applicable.